

**Referral to Metro Business Opportunities**

**Inspiring and Supporting Provincial Income Recipient Entrepreneurs**

**Personal information:**

Client Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

E.I. Reach-back Status:  Yes: Date of EI Termination (yy/mm/dd) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  No

**Business Information:**

Business Name: \_\_\_\_\_

Business Address (if different from mailing address)  
\_\_\_\_\_

Is this a home-based business?  Yes  No

Business Status:  Yes  Existing (year established) \_\_\_\_\_

Form of ownership:

Sole proprietorship  Partnership (not incorporated)  Incorporated

Percentage of business owned by applicant: \_\_\_\_\_ %

Previous involvement with MBO:  Yes  No

**In order for SSWB to share your personal net business information with MBO, we ask you to sign the following release.**

**Release for the Department of Social Supports and Well-Being**

I authorize the Department of Social Supports and Well-Being to share my personal net business income information with the Metro Business Opportunities Corporation/Community Business Development Corporation to allow administration of the Income Support Act.

Signature of Applicant: \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Spouse: \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please complete this form and return it to:**

DPU  
Box 8790  
St. John's, NL A1B 5E4  
Fax: 709-729-2641  
Email: [incomesupport@gov.nl.ca](mailto:incomesupport@gov.nl.ca)